

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: 61445

Application ID: 10709722



Title of Invention: METHOD OF FORMING A
SEMICONDUCTOR DEVICE
HAVING AIR GAPS AND THE
STRUCTURE SO FORMED

First Named Inventor: Anthony Stamper

Domestic/Foreign Application: Domestic Application

Filing Date: 2004-05-25

Effective Receipt Date: 2004-05-25

Submission Type: Utility Patent Filing

Filing Type: new-utility

Confirmation number: 3721

Attorney Docket Number: BUR920030189US1

Total Fees Authorized: 1076.0

Payment Category: Deposit Account

Deposit Account Number: 90456

Deposit Account Name: Anthony J. Canale

RAM Payment Status: RAM has not been processed

Digital Certificate Holder: cn=Anthony J. Canale,ou=Registered Attorneys,ou=Patent and
Trademark Office,ou=Department of Commerce,o=U.S. Government,c=US

Certificate Message Digest: 4969d032a5a5f3ce835695f903c7e5b1fbd734f8

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

05/25/2004 HTECKLU1 00000120 090456 10709722

01 FC:1001	770.00 DA
02 FC:1202	180.00 DA
03 FC:1201	86.00 DA

PTO-1556
(5/87)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10709722

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	30	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20 =	10
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	770.00
XS18=	186
X86=	86
+290=	
TOTAL	1036

SMALL ENTITY TYPE ☐

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	